

## **Individual and Family Support Program**

### **DIRECTIONS FOR FILLING OUT APPLICATION**

The Individual and Family Support Program is designed to assist individuals with intellectual or developmental disabilities on the waiting list for the ID or DD Waiver (and their families) to access short-term person/family-centered resources, supports, and services.

Individual and Family Support Program funds may be provided to individuals or family members in varying amounts, as requested and approved by DBHDS, up to the established annual maximum individual financial support limit per fiscal year. **The maximum you may apply for is \$3000, covering July 1, 2014 through June 30, 2015.**

The IFSP will now have two funding periods, **September 15 – Period 1**, which will cover September 15, 2014 through September 14, 2015 and **March 15- Period 2**, which will cover March 15, 2015 through September 14, 2015. Funds for the program will be divided equally between these two periods. Families are eligible for up to \$3000.00 of supports and services between these two funding periods. The September funding period is the beginning of each year's fund distribution.

#### **EXAMPLES**

If an application in September is for \$3000.00 then no funds for that person will be available for the March funding period.

If you request \$1000.00 in September you would still have \$2000.00 available to request for the March funding period.

Or you can wait till March and request up to the full \$3000.00 or any amount below that.

- We are requesting that families wait to apply for funding for summer activities until the March funding Period.

Please only request the amount you need so that we can fund as many individuals as possible.

If an application is approved:

- The recipient **MUST** provide receipts back to the program to verify that funds have been used for what they were requested.
- Receipts can consist of store receipts, front and back copies, cashed checks, hand written statements from individuals who provided services(such as respite).All invoices must be stamped paid.
- Receipts must be signed and have the date of service.
  - The vendor's name, the service provided and the amount paid should also be on the receipt.
- Please contact the IFSP office for further information pertaining to your receipts.

## **PAGE BY PAGE INSTRUCTIONS**

### **PART I: Individual on the Waiting List:**

Write the person's name that is on the waitlist, their Social Security number, date of birth, and gender in the spaces indicated.

Check which waiting list the person is on; the ID or DD Waiver waitlist. Then enter the full address and phone numbers.

### **PART II: Responsible Party (The individual or person filling out the application who will be responsible for the IFSP funds.)**

Write the responsible party's name, Social Security number, date of birth, gender, address and phone numbers. .

### **PART III: Waiting List Information:**

Check the box which indicates:

- If you are the individual on the intellectual/developmental disabilities waiting list completing the application or if you are a family member of the person on the waiting list.
- If you are a family member check the box indicating if the person lives with you on a permanent basis.
- If you are filling out the form for someone else, check the exact type of relationship.

### **Part IV: Assistance and Resources:**

*Do you need an interpreter?* Yes or No – We currently have a Spanish and Arabic Translation of the application available. If another language is required please inform the program and we will provide appropriate assistance.

*How did you find out about the program? Check the appropriate box or write it in if not listed.*

Telling us other funding sources assist us in understanding your situation. It can also assist us in finding additional resources for you. Please check all resources that you are receiving under the fields of Health Related, State Funded and Federal Funded Support and/or others waivers.

### **PART V: Needs**

Services and items that may be funded through the Individual and Family Support Program are intended to support the continued residence of an individual in their own or the family home in the community.

Applicants must select the items in the categories that are anticipated to be needed and used during the next 12 months.

The categories are

- Safe Living Environment,
- Improved Health Outcomes,
- Community Integration and
- Emergency Supports.

Examples of items are listed on the application for each category.

If you are unsure of which category that your needs will fall, you may contact the IFSP office for assistance.

**\*How this will assist me to stay in my home or my family's home?**

#### **\* REQUIRED SECTION**

A brief explanation as to how your requested services or items will assist the individual on the waiting list to stay in their home is required. Examples can include how the services or item will help enhance socialization and inclusion, improve their quality of life, or help to maintain the individual in their home. An explanation of how the person will benefit is required. Requested Funding Amount must be completed and if not completed the application will be pended which could delay the funding.

Frequency of payment:

- Check the box that indicates how you want the funds paid out to you.
  - You may receive a lump sum or monthly payments.
- You may reapply for more funding in March 2015 if you have not been awarded the maximum amount offered for the year and those funds can be awarded in a lump sum or monthly payments.

#### **Payment Option:**

To assist individuals and families the IFSP has provided a Vendor Page.

If you choose to have money go to a vendor you **MUST** provide their Employment Identification Number (EIN) also known as their tax ID number.

- If you need money to go directly to a person who is providing a service, such as a respite provider, their Social Security number would be required. IRS 1099's will be sent to vendors

- Vendors will also be required to supply DBHDS with IRS form W-9. A W-9 will be sent by DBHDS to vendors on your behalf.
- If you are having money split up and sent to you, and a vendor,;
  - Please indicate the amount you wish to have sent to the vendor.
  - IFSP **cannot** put memos on checks sent out via the Department of Accounts.
  - It is the responsibility of the individual to notify the vendor that they will be receiving a check from the state once you receive your approval letter.
- Vendors will not receive checks for at least 3 weeks after you receive your approval letter. Please plan accordingly.

## **PART VI: Program Agreement**

This is a legal agreement. It is important that your read this agreement and understand what your responsibilities are. .

We ask that you read this agreement carefully prior to signing the application. You must check off the box at the bottom of the page that states that you have read and understood the agreement. You must sign and date the application. *(All unsigned application will be returned and you will lose you place in line for review.)*

**If you need assistance:**

**We are available Monday through Friday 9:00am to 5pm.**

**Phone: 804-225-3810; or 804-663-7277**

**Email: Roxie Lyons at [roxie.thompson@dbhds.virginia.gov](mailto:roxie.thompson@dbhds.virginia.gov)**

**Sandra Brown at [Sandra.brown@dbhds.virginia.gov](mailto:Sandra.brown@dbhds.virginia.gov)**

\*\*\*\*\*We have a very high call in volume the first 2 weeks of a new funding cycle\*\*\*\*\*

\*\*\*\*\*Please be patient. \*\*\*\*\*

\*\*\*\*\*We will answer messages as soon as we can. \*\*\*\*\*

**WE ARE NO LONGER ACCEPTING FAX APPLICATIONS IF YOU FAX AN APPLICATION IT WILL NOT BE PROCESSED, NO EXCEPTION!**